



APPLICATION FOR CASH SURRENDER VALUE GOVERNMENT LIFE INSURANCE

PRIVACY ACT INFORMATION - No cash surrender may be made unless a completed application has been received (38 U.S.C. 1906 and 1944; 38 CFR 6.115, 6.116, 6.117 and 8.27). The information provided on a voluntary basis will be used by VA employees and your authorized representatives in the maintenance of Government Insurance programs. Responses may be disclosed outside VA only if the disclosure is authorized under the Privacy Act, including the routine uses identified in the VA system of records, 36VA00, Veterans and Armed Forces Personnel U.S. Government Life Insurance Records - VA, published in the Federal Register.

RESPONDENT BURDEN - VA may not conduct or sponsor, and respondent is not required to respond to this collection of information unless it displays a valid OMB Control Number. Public reporting burden for this collection of information is estimated to average 10 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. If you have comments regarding this burden estimate or any other aspect of this collection of information, call 1-800-827-1000 for mailing information on where to send your comments.

1. FIRST - MIDDLE - LAST NAME <small>(Type or print)</small>		2. INSURANCE FILE NUMBER F-	
3. ADDRESS TO WHICH CHECK IS TO BE MAILED <small>(Number and street or rural route, city or P.O., State and ZIP Code)</small>		4. POLICY NUMBER	
IS THIS A NEW ADDRESS? <input type="checkbox"/> YES <input type="checkbox"/> NO		5. SOCIAL SECURITY NUMBER	
6. AMOUNT OF POLICY <small>(Include letter prefix)</small> \$	7. DAYTIME TELEPHONE NUMBER <small>(Include Area Code)</small> ()		

8. I HEREBY SURRENDER MY: (Check appropriate block)

☐ BASIC INSURANCE
 ☐ PAID UP ADDITIONS ONLY
 ☐ BASIC INSURANCE AND PAID UP ADDITIONS

9. FUTURE DIVIDEND OPTION (To be completed when surrendering Paid-Up Additions only)

<input type="checkbox"/> PAY TO ME IN CASH	<input type="checkbox"/> APPLY TO PAY PREMIUMS IN ADVANCE	<input type="checkbox"/> HOLD ON DIVIDEND CREDIT
<input type="checkbox"/> APPLY TO MY INDEBTEDNESS	<input type="checkbox"/> APPLY TO BUY PAID UP ADDITIONS	<input type="checkbox"/> HOLD ON DIVIDEND DEPOSIT
<input type="checkbox"/> NET CASH*	<input type="checkbox"/> NETLOLI*	<input type="checkbox"/> NETPUA*

***NET OPTIONS - Dividend pays annual premium and remainder is used to reduce loan (NETLOLI), buy additional insurance (NETPUA) or refunded to veteran (NETCASH)**

I hereby surrender all my right, title, and interest in the basic insurance policy and/or paid up additions represented by the policy number shown in Item 4 for the purpose of obtaining the cash surrender value.

10. FULL SIGNATURE OF INSURED <small>(DO NOT PRINT)</small>	11. DATE SIGNED
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TO BE COMPLETED IF DIRECT DEPOSIT IS DESIRED

PLEASE CONTACT YOUR FINANCIAL INSTITUTION FOR ASSISTANCE IN COMPLETING THE DIRECT DEPOSIT INFORMATION.

A. NAME OF FINANCIAL INSTITUTION	B. ROUTING TRANSIT NUMBER
C. ADDRESS OF FINANCIAL INSTITUTION	D. DEPOSITOR ACCOUNT NUMBER
E. TELEPHONE NUMBER OF FINANCIAL INSTITUTION <small>(Include Area Code)</small> ()	F. TYPE OF DEPOSITOR ACCOUNT <input type="checkbox"/> CHECKING <input type="checkbox"/> SAVINGS

IMPORTANT - After this form has been completed and signed, it should be mailed to the address below:

Department of Veterans Affairs
 Regional Office and Insurance Center
 P.O. Box 7327
 Philadelphia, PA 19101

NOTE: IF YOU PREFER, INSTEAD OF MAILING THIS FORM IT MAY BE FAXED TO (215) 381-3580

IMPORTANT - PLEASE DO NOT RETURN YOUR POLICY WITH EITHER APPLICATION
QUESTIONS ABOUT YOUR INSURANCE? CALL US TOLL FREE AT 1-800-669-8477



APPLICATION FOR POLICY LOAN

GOVERNMENT LIFE INSURANCE

PRIVACY ACT INFORMATION - No loan may be made unless a completed application has been received (38 CFR 6.100, 6.101 and 8.28). The information provided on a voluntary basis will be used by VA employees and your authorized representatives in the maintenance of Government Insurance programs. Responses may be disclosed outside VA only if the disclosure is authorized under the Privacy Act, including the routine uses identified in the VA system of records, 36VA00, Veterans and Armed Forces Personnel U.S. Government Life Insurance Records - VA, published in the Federal Register.

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1. FIRST - MIDDLE - LAST NAME <i>(Type or print)</i>	2. INSURANCE FILE <div style="text-align: center;">F-</div>
3. ADDRESS TO WHICH CHECK IS TO BE MAILED <i>(Number and street or rural route, city or P.O., State and ZIP Code)</i> IS THIS A NEW ADDRESS? <input type="checkbox"/> YES <input type="checkbox"/> NO	4. SOCIAL SECURITY NUMBER 5. DAYTIME TELEPHONE NO. <i>(Include Area Code)</i> <div style="text-align: center;">()</div>
6. POLICY NUMBER(S) ON WHICH LOAN IS REQUESTED <i>(Include letter prefix)</i>	7. AMOUNT OF LOAN DESIRED <i>(Check one)</i> <input type="checkbox"/> \$ _____ <i>(Give amount)</i> <input type="checkbox"/> MAXIMUM LOAN

8. DO YOU WISH TO USE DIVIDENDS TO REDUCE THE LOAN?

☐ APPLY FUTURE DIVIDENDS TO PAY AN ANNUAL PREMIUM WITH THE REMAINING BALANCE APPLIED TO REDUCE THE LOAN
 ☐ APPLY EXISTING DIVIDEND/CREDIT DEPOSIT TO REDUCE LOAN PRINCIPAL

☐ APPLY FUTURE DIVIDENDS TO REDUCE LOAN PRINCIPAL

NOTE: Your VA compensation or pension or military retirement pay may be used to repay your loan. For more information, call the toll-free number below.

IMPORTANT NOTICE

Government Life Insurance policy loans have a variable interest rate. The interest rate may change each year. The rate is based on the interest for long term U.S. Treasury bonds. **The maximum rate will never exceed 12%.** Interest is payable yearly on the anniversary date of the loan.

9. FULL SIGNATURE OF INSURED <i>(DO NOT</i>	10. DATE SIGNED
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